Exhibit E 10-22-2014 LEA

14.

WORKER or HANDLER PESTICIDCE SAFETY TRAINING

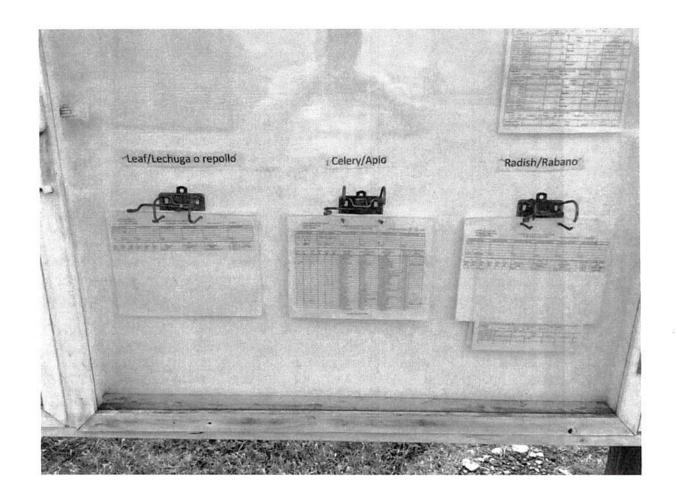
-10-n2-14 Verification for the Worker Protection Standard Establishment Name: Thomas R. Synmassil, Inc. Mailing Address of Establ.: Po Box Zip Code: 33430 City: BELLE GLADE Employer Name: Thomas R Synnosil Inc. State: Date of Training: 10-74-12 (mm/day/yr) [training expires in 5 yrs] TYPE OF TRAINING Trainer Name: JEFF SUMMERSILL WORKER HANDLER Trainer Employer (if different than aboffe): Signature of Trainer: Trainer Qualifications: [XPCert. as Applicator of RUPs (State Cert. Card #: /MIDUU [] Trained as WPS Handler (may train Workers only) (WPS Handler Card #: ; State: ; Exp. Date: ______) Designated as Trainer of Cert. Appls or WPS Handlers by State/Tribe/EPA [] Completed a WPS Train-the-Trainer Program approved by State/Tribe/EPA (TtT date: ; Trainer: Training Methods (check all that apply): [A audiovisual A oral from written material [] language of training: A English [] Spanish Other: {this training record may be retained for 5 yrs, after which all employees must be retrained} **EPA** Approved List of Training Materials Used YES NO attach outline of training program Mas Worker Portection An Pesticides EPA + 305 - C-06.001 2. 3. 4. 5. WPS Card Number Employee Signature Employee Name (if applicable) (Firma del Empleado) (Nombre del Empleado en Letra de Molde) 1. Exemption 6 Personal Privacy 2. Exemption 6 Personal Privacy 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.

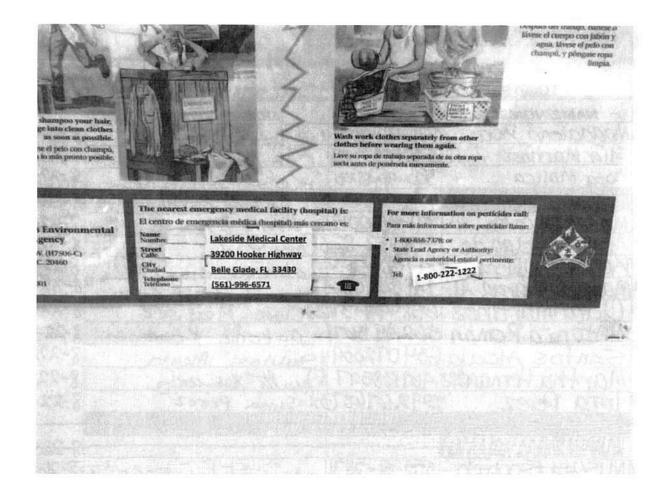












MARTINEZ & SONS TRUCKING, LLC

Exemption 6 Personal Privacy

Withheld in its entirety

MARTINEZ & SONS TRUCKING, LLC

Examption & Personal Privacy

withheld in its entirety

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